

CHAPTER 223

HUMAN SERVICES - BEHAVIORAL HEALTH

SENATE BILL 22-177

BY SENATOR(S) Pettersen and Rankin, Bridges, Buckner, Coram, Danielson, Fields, Ginal, Hansen, Hinrichsen, Jaquez Lewis, Kolker, Lee, Moreno, Simpson, Story, Winter, Fenberg;
also REPRESENTATIVE(S) Titone and Bradfield, Amabile, Bacon, Benavidez, Bernett, Bird, Boesenecker, Caraveo, Cutter, Duran, Esgar, Exum, Froelich, Gonzales-Gutierrez, Herod, Hooton, Jodeh, Kennedy, Lindsay, Lontine, McCluskie, McCormick, McLachlan, Michaelson Jenet, Ortiz, Ricks, Valdez D., Young.

AN ACT

CONCERNING BEHAVIORAL HEALTH SYSTEM INVESTMENTS IN THE STATEWIDE CARE COORDINATION INFRASTRUCTURE, AND, IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

(a) The COVID-19 pandemic has had a profound impact on the behavioral health of individuals across the state;

(b) Throughout the COVID-19 pandemic, Coloradans have faced significant challenges in accessing behavioral health care for reasons that include social distancing, increased demand for care, and difficulty getting in-person appointments with a provider;

(c) All Coloradans should have access to a high-quality behavioral health care system that has a full continuum of behavioral health treatment services;

(d) It is imperative that the state improve care coordination to better support access to behavioral health services so that individuals can get the care they need when they need it;

(e) The federal government enacted the "American Rescue Plan Act of 2021" (ARPA), Pub. L. 117-2, in which Colorado received over \$3.8 billion to mitigate

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

the fiscal effects of the COVID-19 public health emergency; and

(f) Government recipients of ARPA funds may use the funding to provide resources to meet the public health and economic needs of those impacted by the COVID-19 pandemic. Pursuant to the ARPA and subsequent federal regulations, when providing behavioral health care services, government recipients may presume that the general public has been impacted by the COVID-19 pandemic, and they can therefore use ARPA money to provide a broad range of behavioral health care services to the public.

(2) The general assembly further finds that the care coordination infrastructure created in this act is a critical government service.

(3) Therefore, the general assembly declares that expenditures to improve care coordination to better support access to behavioral health services is an allowable use under the ARPA and is necessary to respond to the COVID-19 public health emergency.

SECTION 2. In Colorado Revised Statutes, **amend as amended by House Bill 22-1278 27-60-204** as follows:

27-60-204. Care coordination infrastructure - implementation - repeal.

(1) (a) NO LATER THAN JULY 1, 2024, the BHA, in collaboration with the department of health care policy and financing, shall develop a statewide care coordination infrastructure to drive accountability and more effective behavioral health navigation to care that builds upon and collaborates with existing care coordination services. The infrastructure must include:

(I) A website and mobile application that serves as a centralized gateway for information for patients, providers, and care coordination and that facilitates access and navigation of behavioral health-care services and support; AND

(II) A CLOUD-BASED PLATFORM TO ALLOW PROVIDERS THAT DO NOT UTILIZE AN ELECTRONIC HEALTH RECORD TO ACTIVELY PARTICIPATE IN THE CARE COORDINATION INFRASTRUCTURE.

(b) The BHA shall convene a working group of geographically and demographically diverse partners and stakeholders, including those with lived and professional experience, to provide feedback and recommendations that inform and guide the development of the statewide care coordination infrastructure developed pursuant to subsection (1)(a) of this section.

(c) ~~The extent to which medicaid and private insurance existing care coordination services are aligned with the statewide care coordination infrastructure described in subsection (1)(a) of this section shall be determined by~~ The department of health care policy and financing, the division of insurance in the department of regulatory agencies, and the working group created pursuant to subsection (1)(b) of this section SHALL DETERMINE HOW MEDICAID AND PRIVATE INSURANCE EXISTING CARE COORDINATION SERVICES ARE ALIGNED WITH THE STATEWIDE CARE COORDINATION INFRASTRUCTURE DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION.

(d) The BHA shall implement, directly or through a contractor, a comprehensive and robust marketing and outreach plan to make Coloradans aware of the website, ~~and mobile application, CLOUD-BASED PLATFORM, and associated care coordination services developed pursuant to subsection (1)(a) of this section.~~

~~(2) On or before July 1, 2022, the statewide care coordination infrastructure developed pursuant to subsection (1)(a) of this section is the responsibility of the BHA. THE BHA SHALL ENSURE NAVIGATORS ARE AVAILABLE THROUGH THE WEBSITE AND MOBILE APPLICATION DEVELOPED PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION, AS WELL AS IN SPECIFIC REGIONAL LOCATIONS. THE STATEWIDE CARE COORDINATION INFRASTRUCTURE IS RESPONSIBLE FOR PROVIDING REGIONAL ACCESS TO CARE COORDINATION SERVICES.~~

(3) THE BHA SHALL UTILIZE BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATIONS ESTABLISHED PURSUANT TO PART 4 OF ARTICLE 50 OF THIS TITLE 27 TO HELP INDIVIDUALS AND FAMILIES INITIATE CARE AND ENSURE TIMELY ACCESS TO PERSON-CENTERED, TRAUMA-INFORMED, AND CULTURALLY RESPONSIVE QUALITY CRISIS SUPPORTS; MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES; AND PREVENTIVE CARE SERVICES, INCLUDING SERVICES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. WHEN POSSIBLE, THE CARE COORDINATION INFRASTRUCTURE MUST INTEGRATE WITH OTHER HEALTH-CARE SYSTEM RESOURCES TO SERVE INDIVIDUALS WITH COMPLEX NEEDS.

(4) IN IMPLEMENTING THE CARE COORDINATION INFRASTRUCTURE DEVELOPED PURSUANT TO SUBSECTION (1) OF THIS SECTION, THE BHA SHALL:

(a) TRAIN NEW AND EXISTING NAVIGATORS ON THE BEHAVIORAL HEALTH SAFETY NET SYSTEM SERVICES FOR CHILDREN, YOUTH, AND ADULTS, BEHAVIORAL HEALTH SERVICE DELIVERY PROCEDURES, AND SOCIAL DETERMINANTS OF HEALTH RESOURCES. AT A MINIMUM, THE BHA SHALL TRAIN EXISTING MANAGED CARE ENTITY PROVIDERS, EMPLOYEES OF THE 988 CRISIS HOTLINE ENTERPRISE CREATED IN SECTION 27-64-103, 911 DISPATCHERS, BHA CARE COORDINATORS AND NAVIGATORS, AND OTHER PROVIDERS PARTICIPATING IN OTHER SAFETY NET PROVIDER SETTINGS;

(b) ENSURE THAT THE CARE COORDINATION INFRASTRUCTURE CAN DIRECT INDIVIDUALS WHERE TO SEEK IN-PERSON OR VIRTUAL NAVIGATION SUPPORT;

(c) ENSURE THAT THE ADMINISTRATIVE BURDEN ASSOCIATED WITH PROVIDER ENROLLMENT AND CREDENTIALING FOR NAVIGATORS AND CARE COORDINATION PROVIDERS IS MINIMAL;

(d) AS PART OF THE ANNUAL REPORT SUBMITTED PURSUANT TO SECTION 27-50-204, INCLUDE A SUMMARY OF OUTCOMES FOR INDIVIDUALS WHO ACCESS THE STATEWIDE CARE COORDINATION INFRASTRUCTURE; AND

(e) ENSURE THE 988 CRISIS HOTLINE ESTABLISHED PURSUANT TO ARTICLE 64 OF THIS TITLE 27:

(1) RESPONDS TO ANYONE EXPERIENCING A MENTAL HEALTH OR SUBSTANCE USE CRISIS;

(II) DOCUMENTS REFERRALS AND TRANSFERS OF CARE OF PERSONS WITH ONE OR MORE COMMUNITY-BASED SERVICE PROVIDERS, SUCH AS CARE COORDINATION AND CARE NAVIGATION SERVICES; AND

(III) INCLUDES CONNECTIONS TO:

(A) THE FORTHCOMING COLORADO BEHAVIORAL HEALTH RESOURCE NAVIGATION SYSTEM, WHICH MORE QUICKLY LINKS INDIVIDUALS IN CRISIS WITH AVAILABLE SERVICES;

(B) THE STATEWIDE AND REGIONAL CARE COORDINATION SYSTEM;

(C) PEER SUPPORT SERVICES; AND

(D) THE BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM CREATED PURSUANT TO SECTION 27-60-103.

(5) EACH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION ESTABLISHED PURSUANT TO PART 4 OF ARTICLE 50 OF THIS TITLE 27 SHALL:

(a) UTILIZE NAVIGATORS TRAINED IN THE USE OF THE CARE COORDINATION INFRASTRUCTURE PURSUANT TO SUBSECTION (4)(a) OF THIS SECTION TO IDENTIFY COMMUNITY-BASED AND SOCIAL DETERMINANTS OF HEALTH SERVICES AND CAPACITY, INCLUDING ON-THE-GROUND LOCAL SUPPORT TO ENCOURAGE PARTICIPATION AND ENGAGEMENT IN SERVICES;

(b) UTILIZE NAVIGATORS AND COORDINATORS TO SUPPORT INDIVIDUALS IN CONNECTING TO THE SAFETY NET SYSTEM CREATED PURSUANT TO PART 3 OF ARTICLE 50 OF THIS TITLE 27, INCLUDING SERVICES NOT COVERED BY AN INDIVIDUAL'S INSURANCE;

(c) MONITOR AND REPORT QUARTERLY ON THE SAFETY NET SYSTEM AND SAFETY NET PROVIDERS TO SUPPORT ACCOUNTABILITY IN CONNECTING INDIVIDUALS TO SERVICES AND THE DELIVERY OF THOSE SERVICES TO INDIVIDUALS WITH THE HIGHEST NEEDS;

(d) SUPPORT CONTINUED CONNECTION WITH THE SAFETY NET SYSTEM AFTER AN INDIVIDUAL IS DISCHARGED FROM HOSPITALIZATION, THE CRIMINAL JUSTICE SYSTEM, AN EMERGENCY DEPARTMENT, OR OTHER BEHAVIORAL HEALTH FACILITIES, INCLUDING WITHDRAWAL MANAGEMENT FACILITIES AND JAILS, BY BUILDING MULTI-SECTOR, MULTI-SYSTEM REFERRAL AND OUTCOME TRACKING INTO THE CARE COORDINATION SYSTEM;

(e) REQUIRE CONTRACTED PROVIDERS TO USE THE STATEWIDE CARE COORDINATION SYSTEM, REPORT ON OUTCOMES, INCLUDING HOW AND WHEN INDIVIDUALS ACCESSED CARE, AND WORK COLLABORATIVELY WITH THE CARE COORDINATION ENTITY TO ENSURE INDIVIDUALS RECEIVE NEEDED SERVICES IN A TIMELY MANNER; AND

(f) ANY OTHER DUTIES REQUIRED BY LAW OR THE BHA.

(6) BEGINNING JANUARY 2025, AND EACH JANUARY THEREAFTER, THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING SHALL ASSESS THE CARE COORDINATION SERVICES PROVIDED BY MANAGED CARE ENTITIES AND PROVIDE A REPORT AS PART OF ITS "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" HEARING REQUIRED BY SECTION 2-7-203. AT A MINIMUM, THE REPORT MUST INCLUDE:

(a) THE NUMBER OF INDIVIDUALS SERVED BY EACH MANAGED CARE ENTITY THROUGH CARE COORDINATION;

(b) DATA ON CARE COORDINATION SERVICES PROVIDED BY EACH MANAGED CARE ENTITY, INCLUDING FOLLOW-UP CONTACTS TO ENSURE CLIENTS WERE CONNECTED TO SERVICES;

(c) DATA ON EFFORTS MADE TO RECONNECT WITH INDIVIDUALS THAT DID NOT INITIALLY FOLLOW THROUGH ON CARE COORDINATION SERVICES; AND

(d) DATA ON REFERRALS TO COMMUNITY-BASED SERVICES AND FOLLOW-UP SERVICES BY EACH MANAGED CARE ENTITY FOR INDIVIDUALS SERVED THROUGH CARE COORDINATION SERVICES.

(7) THE BHA AND ANY PERSON THAT RECEIVES MONEY FROM THE STATE DEPARTMENT SHALL COMPLY WITH THE COMPLIANCE, REPORTING, RECORD-KEEPING, AND PROGRAM EVALUATION REQUIREMENTS ESTABLISHED BY THE OFFICE OF STATE PLANNING AND BUDGETING AND THE STATE CONTROLLER IN ACCORDANCE WITH SECTION 24-75-226 (5).

(8) (a) FOR THE 2022-23 STATE FISCAL YEAR, THE GENERAL ASSEMBLY SHALL APPROPRIATE TWELVE MILLION TWO HUNDRED THOUSAND DOLLARS FROM THE BEHAVIORAL AND MENTAL HEALTH CASH FUND CREATED IN SECTION 24-75-230 TO THE DEPARTMENT OF HUMAN SERVICES FOR USE BY THE BHA FOR THE PURPOSES OF THIS SECTION.

(b) THIS SUBSECTION (8) IS REPEALED, EFFECTIVE JULY 1, 2023.

SECTION 3. Appropriation. For the 2022-23 state fiscal year, \$12,200,000 is appropriated to the department of human services for use by the behavioral health administration. This appropriation is from the behavioral and mental health cash fund created in section 24-75-230 (2)(a), C.R.S., and is of money the state received from the federal coronavirus state fiscal recovery fund. The administration may use this appropriation for care coordination infrastructure. Any money appropriated in this section not expended prior to July 1, 2023, is further appropriated to the administration from July 1, 2023, through December 30, 2024, for the same purpose. These appropriations are based on the assumption that the administration will require 3.0 FTE in the 2022-23 state fiscal year and 3.0 FTE in the 2023-24 state fiscal year to implement this act.

SECTION 4. Effective date. This act takes effect only if House Bill 22-1278 becomes law, in which case this act takes effect upon passage or on the effective date of House Bill 22-1278, whichever is later.

SECTION 5. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.

Approved: May 25, 2022